



POTENTIAL HAZARDOUS WASTE SITE  
SITE INSPECTION REPORT

REGION 7 SITE NUMBER (to be assigned by HQ) MO-000010465

GENERAL INSTRUCTIONS: Complete Sections I and III through XV of this form as completely as possible. Then use the information on this form to develop a Tentative Disposition (Section II). File this form in its entirety in the regional Hazardous Waste Log File. Be sure to include all appropriate Supplemental Reports in the file. Submit a copy of the forms to: U.S. Environmental Protection Agency, Site Tracking System, Hazardous Waste Enforcement Task Force (EN-335), 401 M St., SW, Washington, DC 20460.

I. SITE IDENTIFICATION

A. SITE NAME ACF Industries, Inc. Amcar Div.		B. STREET (or other identifier) 2800 Dekalb St.	
C. CITY St. Louis, E	D. STATE MO	E. ZIP CODE 63118	F. COUNTY NAME St. Louis
G. SITE OPERATOR INFORMATION		2. TELEPHONE NUMBER	
1. NAME Don Pulliam		(314) 773-8870	
3. STREET	4. CITY	5. STATE	6. ZIP CODE
H. REALTY OWNER INFORMATION (if different from operator of site)		2. TELEPHONE NUMBER	
1. NAME		(314) 773-8870	
3. CITY	4. STATE	5. ZIP CODE	
I. SITE DESCRIPTION Railroad car manufacturing facility			
J. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE			

II. TENTATIVE DISPOSITION (complete this section last)

A. ESTIMATE DATE OF TENTATIVE DISPOSITION (mo., day, & yr.) May 19, 1983	B. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input checked="" type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input type="checkbox"/> 4. NONE
C. PREPARER INFORMATION	
1. NAME William Kwoka	2. TELEPHONE NUMBER (913) 371-3213
3. DATE (mo., day, & yr.) May 19, 1983	

III. INSPECTION INFORMATION

A. PRINCIPAL INSPECTOR INFORMATION	
1. NAME William Kwoka	2. TITLE Field Investigator
3. ORGANIZATION Ecology & Environment, Inc.	4. TELEPHONE NO. (area code & no.) (913) 371-3213
B. INSPECTION PARTICIPANTS	

1. NAME	2. ORGANIZATION	3. TELEPHONE NO.
D.R. Pulliam	ACF Industries, Inc.	(314) 773-8870
B.H. Cecil	" "	(314) 334-4685
R.D. Hart	" "	(314) 334-4201

C. SITE REPRESENTATIVES INTERVIEWED (corporate officials, workers, residents)		
1. NAME	2. TITLE & TELEPHONE NO.	3. ADDRESS
D.R. Pulliam	Plant Manager (314) 773-8870	Site: <u>ACF Industries</u> ID #: <u>MO D-606286.1/9</u> Break: <u>1.4</u> Other: <u>5-19-83</u>
R.D. Hart	(314) 334-4201	



## III. INSPECTION INFORMATION (continued)

## D. GENERATOR INFORMATION (source of waste)

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE GENERATED
ACF Industries	(314) 773-8870	2800 Dekalb St., St. Louis, MO.	Solvents

## E. TRANSPORTER/HAULER INFORMATION

1. NAME	2. TELEPHONE NO.	3. ADDRESS	4. WASTE TYPE TRANSPORTED
None			

## F. IF WASTE IS PROCESSED ON SITE AND ALSO SHIPPED TO OTHER SITES, IDENTIFY OFF-SITE FACILITIES USED FOR DISPOSAL.

1. NAME	2. TELEPHONE NO.	3. ADDRESS
N/A		

## G. DATE OF INSPECTION

(mo., day, &amp; yr.)

5-4-83

## H. TIME OF INSPECTION

1200 hours

## I. ACCESS GAINED BY\* (credentials must be shown in all cases)

☒ 1. PERMISSION☐ 2. WARRANT

## J. WEATHER (describe)

## IV. SAMPLING INFORMATION

A. Mark 'X' for the types of samples taken and indicate where they have been sent e.g., regional lab, other EPA lab, contractor, etc. and estimate when the results will be available.

1. SAMPLE TYPE	2. SAMPLE TAKEN (mark 'X')	3. SAMPLE SENT TO:	4. DATE RESULTS AVAILABLE
a. GROUNDWATER		No samples taken	
b. SURFACE WATER			
c. WASTE			
d. AIR			
e. RUNOFF			
f. SPILL			
g. SOIL			
h. VEGETATION			
i. OTHER (specify)			

## B. FIELD MEASUREMENTS TAKEN (e.g., radioactivity, explosivity, PH, etc.)

1. TYPE	2. LOCATION OF MEASUREMENTS	3. RESULTS
Visual inspection only		

## IV. SAMPLING INFORMATION (continued)

## C. PHOTOS

## 1. TYPE OF PHOTOS

☐ a. GROUND    ☐ b. AERIAL

## 2. PHOTOS IN CUSTODY OF

None

## D. SITE MAPPED?

☒ YES. SPECIFY LOCATION OF MAPS    EPA file

## E. COORDINATES

## 1. LATITUDE (deg.-min.-sec.)

90° 12' 21"

## 2. LONGITUDE (deg.-min.-sec.)

38° 35' 45"

## V. SITE INFORMATION

## A. SITE STATUS

☐ 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.)

☒ 2. INACTIVE (Those sites which no longer receive wastes.)

☐ 3. OTHER (specify)

(Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) No longer use. Have replaced with

a new stencil booth in paint shop

## B. IS GENERATOR ON SITE?

☐ 1. NO    ☒ 2. YES (specify generator's four-digit SIC Code)

## C. AREA OF SITE (in acres)

48 acre plant ~0.06 contaminated

## D. ARE THERE BUILDINGS ON THE SITE?

☐ 1. NO    ☒ 2. YES (specify)

Several paint shop and ACF offices as well as manufacturing buildings.

## VI. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS./TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	<input checked="" type="checkbox"/> 8. OTHER (specify)
		9. OTHER (specify):	spillage of solvents onto ground

E. SUPPLEMENTAL REPORTS: If the site falls within any of the categories listed below, Supplemental Reports must be completed. Indicate which Supplemental Reports you have filled out and attached to this for.. NA

☐ 1. STOPA    ☐ 2. INCINERATION    ☐ 3. LANDFILL    ☐ 4. SURFACE IMPOUNDMENT    ☐ 5. DEEP WELL  
☐ 6. CHEM/BIO/PHYS TREATMENT    ☐ 7. LANDFARM    ☐ 8. OPEN DUMP    ☐ 9. TRANSPORTER    ☐ 10. RECYCLOR/RECLAIMER

## VII. WASTE RELATED INFORMATION

## A. WASTE TYPE

☒ 1. LIQUID    ☐ 2. SOLID    ☒ 3. SLUDGE    ☐ 4. GAS

## B. WASTE CHARACTERISTICS

☐ 1. CORROSIVE    ☐ 2. IGNITABLE    ☐ 3. RADIOACTIVE    ☐ 4. HIGHLY VOLATILE  
☒ 5. TOXIC    ☐ 6. REACTIVE    ☐ 7. INERT    ☒ 8. FLAMMABLE

☐ 9. OTHER (specify):

## C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

No records available

## VII. WASTE RELATED INFORMATION (continued)

2. Estimate the amount (specify unit of measure) of waste by category, mark 'X' to indicate which wastes are present.

a. SLUDGE		b. OIL		c. SOLVENTS		d. CHEMICALS		e. SOLIDS		f. OTHER	
AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT		AMOUNT	
unknown		none		est. 12225		none		none		none	
UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE		UNIT OF MEASURE	
				gallons							
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY, PHARMACEUT.						
<input type="checkbox"/> (2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER(specify):	<input checked="" type="checkbox"/> (2) NON-HALOGNTD. SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL						
<input type="checkbox"/> (3) POTW		<input type="checkbox"/> (3) OTHER(specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE						
<input type="checkbox"/> (4) ALUMINUM SLUDGE		Trichloroethylene Perchloroethylene Methylene chloride Acetone Methanol Toluene	<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMELTING WASTES	<input type="checkbox"/> (4) MUNICIPAL						
<input type="checkbox"/> (5) OTHER(specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMELTING WASTES	<input type="checkbox"/> (5) OTHER(specify):						
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER(specify):							
			<input type="checkbox"/> (7) PHENOLS								
			<input type="checkbox"/> (8) HALOGENS								
			<input type="checkbox"/> (9) PCB								
			<input type="checkbox"/> (10) METALS								
			<input type="checkbox"/> (11) OTHER(specify):								

D. LIST SUBSTANCES OF GREATEST CONCERN WHICH ARE ON THE SITE (place in descending order of hazard)

1. SUBSTANCE	2. FORM (mark 'X')			3. TOXICITY (mark 'X')				4. CAS NUMBER	5. AMOUNT	6. UNIT
	a. SOLID	b. LIQ.	c. VAPOR	a. HIGH	b. MED.	c. LOW	d. NONE			
Trichloroethylene		X							3700	gal
Perchloroethylene		X							1025	gal
VM+P Naptha		X							6500	gal
Methylene Chloride		X							150	gal
Methanol		X							150	gal
Toluene		X							400	gal
Acetone		X							300	gal

## VIII. HAZARD DESCRIPTION

FIELD EVALUATION HAZARD DESCRIPTION: Place an 'X' in the box to indicate that the listed hazard exists. Describe the hazard in the space provided.

☒ A. HUMAN HEALTH HAZARDS The stencil cleaning was done in a fenced area. So there is no direct contact with the public. The soil appeared to be saturated with solvent at the time of inspection. Since the solvents have entered the soil there is not direct explosion hazard. No flammable materials were near the contaminated soil, so fire is not believed to be a serious threat. It is possible that the solvents can enter through the foundations of buildings and cause a fire or explosion hazard.

## VIII. HAZARD DESCRIPTION (continued)

☐ B. NON-WORKER INJURY/EXPOSURE

None

☐ C. WORKER INJURY/EXPOSURE

None

☐ D. CONTAMINATION OF WATER SUPPLY

None known

☐ E. CONTAMINATION OF FOOD CHAIN

None known

☒ F. CONTAMINATION OF GROUND WATER

High probable. Spillage occurred onto highly permeable soil

☒ G. CONTAMINATION OF SURFACE WATER

Possible. The solvents have contaminated soil in the recharge area for the Mississippi River.

## VIII. HAZARD DESCRIPTION (continued)

☐ H. DAMAGE TO FLORA/FAUNA

None apparent

☐ I. FISH KILL

None

☐ J. CONTAMINATION OF AIR

No

☒ K. NOTICEABLE ODORS

Noticeable odors if the soil was disturbed and then smelled.

☒ L. CONTAMINATION OF SOIL

Soil contamination was visually evident. Surface soil had a strong solvent odor and felt wet to the touch.

☐ M. PROPERTY DAMAGE

No

## VIII. HAZARD DESCRIPTION (continued)

☐ N. FIRE OR EXPLOSION

Not directly. Solvents can travel underground and then enter buildings to cause fire or explosion hazard.

☒ O. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUID

Site caused by splashing/spillage during stencil cleaning operation.

☐ P. SEWER, STORM DRAIN PROBLEMS

No

☐ Q. EROSION PROBLEMS

No

☐ R. INADEQUATE SECURITY

Area is fenced. Guard at entrance.

☐ S. INCOMPATIBLE WASTES

No

## VIII. HAZARD DESCRIPTION (continued)

☐ T. MIDNIGHT DUMPING

No

☐ U. OTHER (specify):

No

## IX. POPULATION DIRECTLY AFFECTED BY SITE

A. LOCATION OF POPULATION	B. APPROX. NO. OF PEOPLE AFFECTED	C. APPROX. NO. OF PEOPLE AFFECTED WITHIN UNIT AREA	D. APPROX. NO. OF BUILDINGS AFFECTED	E. DISTANCE TO SITE (specify units)
1. IN RESIDENTIAL AREAS	None			
2. IN COMMERCIAL OR INDUSTRIAL AREAS		300	25	1000 feet
3. IN PUBLICLY TRAVELLED AREAS	None			
4. PUBLIC USE AREAS (parks, schools, etc.)	None			

## X. WATER AND HYDROLOGICAL DATA

A. DEPTH TO GROUNDWATER (specify unit) 0-20 ft.	B. DIRECTION OF FLOW Generally to south/southeast	C. GROUNDWATER USE IN VICINITY Industrial/Agricultural
D. POTENTIAL YIELD OF AQUIFER	E. DISTANCE TO DRINKING WATER SUPPLY (specify unit of measure) Greater than 5 miles	F. DIRECTION TO DRINKING WATER SUPPLY South
G. TYPE OF DRINKING WATER SUPPLY		
<input type="checkbox"/> 1. NON-COMMUNITY < 15 CONNECTIONS <input checked="" type="checkbox"/> 2. COMMUNITY (specify town): <u>City of St. Louis</u> > 15 CONNECTIONS		
<input type="checkbox"/> 3. SURFACE WATER <input type="checkbox"/> 4. WELL		



## X. WATER AND HYDROLOGICAL DATA (continued)

## H. LIST ALL DRINKING WATER WELLS WITHIN A 1/4 MILE RADIUS OF SITE

1. WELL	2. DEPTH (specify unit)	3. LOCATION (proximity to population/buildings)	4. NON-COM- MUNITY (mark 'X')	5. COMMUN- ITY (mark 'X')
		None known - area served by city water		

## I. RECEIVING WATER

1. NAME

☐ 2. SEWERS☒ 3. STREAMS/RIVERSMississippi River☐ 4. LAKES/RESERVOIRS☐ 5. OTHER (specify):

## 6. SPECIFY USE AND CLASSIFICATION OF RECEIVING WATERS

Recreational, agricultural, drinking water

## XI. SOIL AND VEGETATION DATA

LOCATION OF SITE IS IN:

☐ A. KNOWN FAULT ZONE☐ B. KARST ZONE☐ C. 100 YEAR FLOOD PLAIN☐ D. WETLAND☐ E. A REGULATED FLOODWAY☐ F. CRITICAL HABITAT☒ G. RECHARGE ZONE OR SOLE SOURCE AQUIFER

## XII. TYPE OF GEOLOGICAL MATERIAL OBSERVED

Mark 'X' to indicate the type(s) of geological material observed and specify where necessary, the component parts.

*X	A. OVERBURDEN	*X	B. BEDROCK (specify below)	*X	C. OTHER (specify below)
	1. SAND		St. Louis limestone		overburden is combination of rock and fill material on alluvial
	2. CLAY				soil
	3. GRAVEL				

## XIII. SOIL PERMEABILITY

☐ A. UNKNOWN☐ B. VERY HIGH (100,000 to 1000 cm/sec.)☒ C. HIGH (1000 to 10 cm/sec.)☐ D. MODERATE (10 to .1 cm/sec.)☐ E. LOW (.1 to .001 cm/sec.)☐ F. VERY LOW (.001 to .00001 cm/sec.)

## G. RECHARGE AREA

☒ 1. YES☐ 2. NO

3. COMMENTS:

## H. DISCHARGE AREA

☐ 1. YES☒ 2. NO

3. COMMENTS:

## I. SLOPE

1. ESTIMATE % OF SLOPE

less than 2%

2. SPECIFY DIRECTION OF SLOPE, CONDITION OF SLOPE, ETC.

appears to be flat

## J. OTHER GEOLOGICAL DATA

## XIV. PERMIT INFORMATION

List all applicable permits held by the site and provide the related information.

A. PERMIT TYPE (e.g., RCRA, State, NPDES, etc.)	B. ISSUING AGENCY	C. PERMIT NUMBER	D. DATE ISSUED (mo., day, & yr.)	E. EXPIRATION DATE (mo., day, & yr.)	F. IN COMPLIANCE (mark 'X')		
					1. YES	2. NO	3. UN- KNOWN
	EPA	MOD006280119					
	State of MO.	HWG-1					
	State of MO.	HWG-6					

## XV. PAST REGULATORY OR ENFORCEMENT ACTIONS

☒ NONE      ☐ YES (summarize in this space)

NOTE: Based on the information in Sections III through XV, fill out the Tentative Disposition (Section II) information on the first page of this form.